

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

2009 SEP 30 PM 2:38

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens to Elect Darren Bates

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Darren Bates

Office Sought
City Council

District (if Senate or House)

DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Co. nm. # _____ Lo. gged in _____ Sc. nm. # _____ Cr. nm. # _____ At. filed _____	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68B.40(1), the candidate, for a

Helene Bates
SIGNATURE OF PERSON FILING REPORT

(712) 329-9245
TELEPHONE

9/30/09
DATE SIGNED

I AM FILING A 09/30/09

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committee: enter Date of Election
10/06/09
County & Local Committee: enter County in which Election is held
Pottawattamie

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below")

1,868.00

Schedule F: Loans Received total (Attach Schedule F)

2,500.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

4,368.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below")

2,328.77

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

2,039.23

**UNPAID BILLS (From Schedule D - Attach Schedule D)

0.00

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

1,500.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

2,500.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For instructions, See Back of Form

Receipt Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens to Elect Darren Bates

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
08/14/09	ID# CK#	Verne Welch 17964 Bent Tree Ridge CB IA 51503		\$100	<input type="checkbox"/>
08/14/09	ID# CK#	Dave Wimmer 450 Midland Dr CB IA 51503		50	<input type="checkbox"/>
08/31/09	ID# CK#	John Jerkovich 525 W Broadway CB IA 51503		300	<input type="checkbox"/>
08/31/09	ID# CK#	Kim Gorman 275 Morningside CB IA 51503		50	<input type="checkbox"/>
08/31/09	ID# CK#	Caren Taylo 1401 Ave E		100	<input type="checkbox"/>
08/31/09	ID# CK#	Ryan Swazek 2014 Ave F CB IA 51501		20	<input type="checkbox"/>
08/31/09	ID# CK# 1047	Public Safety Initiative 1827 S 8th St CB IA 51503		500	<input type="checkbox"/>
09/03/09	ID# CK#	Danny Rhodes 515 Arnold CB IA 51503		25	<input type="checkbox"/>
09/03/09	ID# CK#	Mark Anderson 3 Sundahl Rd CB IA 51503		100	<input type="checkbox"/>
09/03/09	ID# CK#	Brad Arrowsmith 379 Kenmore Ave CB IA 51503		25	<input type="checkbox"/>

SUB-TOTAL

\$ 1270

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens to Elect Darren Bates

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
09/16/09	ID# CK#	Larry and Cheryl Puntenev 104 Garwin Cir CB IA 51503		\$100	<input checked="" type="checkbox"/>
09/16/09	ID# CK#	Mike Sullivan 110 Wildwood CB IA 51503		50	<input checked="" type="checkbox"/>
09/16/09	ID# CK#	Jeff and Marcia Warden 1023 Ash CB IA 51501		50	<input checked="" type="checkbox"/>
09/16/09	ID# CK#	Carol Mattox 225 Huntington CB IA 51503		25	<input checked="" type="checkbox"/>
09/16/09	ID# CK#	Unitemized		173	<input checked="" type="checkbox"/>
09/17/09	ID# CK#	Ed Leazenby 23855 Dogwood CB IA 51503		200	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 598	
TOTAL (if last page of this schedule)				\$ 1868	

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FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<input checked="" type="checkbox"/> SCHEDULE B (Rev. 11/7/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens to Elect Darren Bates

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/11	ID# CK#	Jo Dons Design 2832 Cornhusker Bellevue NE 68123	Bus Bench Signs	\$1070
8/11	ID# CK#	Design 4 3232 H St Omaha NE 68107	Yard Signs	807. ⁸⁵
9/11	ID# CK#	Union's Printing 1309 NW Radial Omaha NE 68132	Door Hanger Fliers	310. ³⁰
9/4	ID# CK#	Office Max 505 E 30th Ave CB IA 51503	Postcard Invitations	52. ⁶²
9/4	ID# CK#	U.S Post Office	Stamp	88. ⁰⁰
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$ 2328. ⁷⁷

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detailed on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
 Citizens to Elect Darren Bates

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
 (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

A-1 "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
08/10/09	Darren and Melanie Bates 320 Spencer Ave Council Bluffs, IA 51503	Bench Signs, Yard Signs Door Hangers	\$ 2,500.00
SUBTOTAL			\$ 2,500.00
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 2,500.00

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
 (for Schedule D)

CANDIDATE COMMITTEES NOTE:

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising and polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens to Elect Darren Bates

Reset Form

SCHEDULE E (R/LN 08/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
08/11/09	Darren and Melanie Bates 320 Spencer Ave Council Bluffs IA 51503	Candidate and Wife	Used Yard Signs and Stakes	\$ 1,500.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 1,500.00	
TOTAL (If less page of this schedule				\$ 1,500.00	

*Disclosure law requires candidates to disclose the relationship of any relative making an in-kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

RESET

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens to Elect Darren Bates

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAY☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0.0

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from a candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
08/10/09	Darren and Melanie Bates 320 Spencer Ave Council Bluffs, IA 51503	Candidate and Wife	\$ 2500

TOTAL (PART I)

\$ 2500

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II)

\$ 0

From Schedule E - TOTAL LOANS FORGIVEN

\$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 2500

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Page 1 of 1
(for Schedule F)